

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767948

FILED  
May 03, 2006  
Secretary of State

Entity Name: THOUSAND OAKS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

821 FLEMING CT  
PENSACOLA, FL 32514 US

**New Principal Place of Business:**

**Current Mailing Address:**

821 FLEMING CT  
PENSACOLA, FL 32514 US

**New Mailing Address:**

FEI Number: 59-3138315      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

LEE, NANCY  
821 FLEMING CT.  
PENSACOLA, FL 32514 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CAMPS, JEFFREY  
Address: 962 FLEMING CIRCLE  
City-St-Zip: PENSACOLA, FL 32514

Title: VD ( ) Delete  
Name: CHAMPANE, KENNETH  
Address: 1050 FLEMING DRIVE  
City-St-Zip: PENSACOLA, FL 32514

Title: SD ( ) Delete  
Name: STRENGTH, KATHERINE  
Address: 11517 THOUSAND OAKS COURT  
City-St-Zip: PENSACOLA, FL 32514

Title: TD ( ) Delete  
Name: LEE, NANCY  
Address: 821 FLEMING CT.  
City-St-Zip: PENSACOLA, FL 32514

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY LEE

TD

05/03/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date